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CONFIRMATION NO. 6988

<b>SERIAL NUMBER</b> 10/613,783	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 1/1192-1-C1
<b>APPLICANTS</b> Michel Pairet, Stromberg, GERMANY; Christopher J. M. Meade, Bingen, GERMANY; Michael P. Pieper, Ingelheim, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/093,240 03/07/2002 ABN which claims benefit of 60/281,857 04/05/2001				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 101 10 772.2-01 03/07/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/27/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Erz</i> Allowance <i>Erz</i> Examiner's Signature <i>ESD</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 28501				
<b>TITLE</b> Pharmaceutical compositions based on anticholinergics and PDE-IV inhibitors				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	